

# Safe space / ground rules / group norms<sup>1</sup>

Method:

- Can be generated by facilitator (fastest, least participation) or by participant (takes longer, more participant investment and buy-in)

Mix-and-match elements for content:

- pre-generated list of “ground rules”, ask participants to add
- ask participants to brainstorm while facilitator records
- ask participants to brainstorm and record in groups

generally you are asking for “things” (attitudes, behaviours, values) that we want to keep in the group (or out of the group), rules that will help you participate more, rules that will help you achieve balance so that you can allow ideas to stretch you”

Mix-and-match elements for form:

- a list of guidelines
- a two column list of “us” vs “not us”
- outline of a person (actually outline a person in the group or trace it freehand) inside the person write what you want in the group and outside the person what you want to exclude.
- an outline of a school (what you want to include) and a dumpster outside (what to exclude)
- and outline of a house and cuts out of bricks. Bricks that go on the house (and help build it) are elements that we want to include and bricks that go in the garden (and hinder the growth of the group) are elements that we want to exclude.
- a dartboard of what is on target and off the board
- a soccer goal or basketball net of what counts as “a goal” or “a point” and what is “no goal” or “air ball”
- a sentence that defines the group (we believe... we will not...) with each participant racing their hands and sign their commitment to the safe space inside their hand.

General safer space guidelines we like to include, and their caveats:

- confidentiality (be aware that this is not a guarantee, so it applies also to what you choose to disclose to the group. Clarify other specifics)
- respect (clarifying how this is reflected in language and behaviours)
- permission to pass (this can build trust and safety)
- Challenge yourself (growth and learning often happens in discomfort) or “Full-participate” (as opposed to Participate)
- self-care (being aware of your needs and taking care of them. Clearly state permission to leave the room, write in a journal, pass on an activity, talk with a teacher, talk to you after the workshop...)
- Step up Step back, or “no one speaks twice until everyone speaks twice. This encourages participants to self-moderate, those who are usually comfortable with sharing their ideas to step back (and perhaps experience a different learning approach) and those who are usually quieter to step up and share their wisdom.

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<sup>1</sup> As quoted in Karen B.K.Chan's Making it work, sexual health education with youth in group settings

# Ice breakers

Ice breakers are an important part of any workshop. They are your opportunity as a facilitator to set the tone of the workshop, by demonstrating your comfort level and openness with the topic to the participants. The following are some of our favorite ice breakers.

## Ice breaker: In the bathroom

Hand out a piece of paper to each person asking them to write out three things they don't like about cleaning the bathroom

Once they are done, ask everyone to pass their answers to the person to their left.

Ask everyone to answer the following, while reading what is written on the sheet of paper that has just been passed to them:

“The best thing about sex is...”

Objectives:

- ✓ Normalize the physical realities of sex (the smells and sounds, the fluids, the hair, etc.)
- ✓ Laughing

Materials needed:

- Pieces of paper for each participant
- Pens

## Ice breaker: Sexual position charades

Visit the Wikipedia.org entry titled, “List of Sexual Positions”, which contains a list of sexual positions with interesting names (for example: The Butterfly). Say the name of the position to the group (without giving any additional information) and ask participants to guess what is involved.

You may ask participants some questions to get them talking:

- Is this a penetrative position?
- How many people might be involved?
- Which genitals might be involved?

Objectives:

- ✓ Have participants explore the many possibilities involved in sexual play
- ✓ Explore the groups boundaries

Things to remember when facilitating:

- It is important to be inclusive of all expressions of sexuality, including having multiple partners, or being trans, queer, and intersexed identified.
- Challenge students to stay inclusive in their language and comments.

Materials needed:

- Wikipedia page: “List of sexual positions”

## Ice breaker: Penis, vulva, shoulder

On the blackboard, write the word “Penis” in big enough letters and ask the classroom to yell out every word they use to describe penis. After a good list has been put together, erase it and write the word “Vulva”, asking the group to do the same thing. After a good list has been written out, erase it and write “Shoulder”. It is quite likely that this list will be much shorter than the first two. Let the group pause for a bit and then ask them, “Why is it that we have all these words for *Penis* or *Vulva* but not as many words for other parts of our bodies?” This short discussion is a great segue into a discussion about safe space or group norms.

### Objectives:

- ✓ Our discomforts with our sexual anatomy can sometimes hinder our abilities to have frank discussions about sexuality.

### Things to remember when facilitating:

- Try and remain non-chalant about words as they are being yelled out. Should a certain word be a trigger, address it after other words have been yelled out so as to not single out the person who was simply taking part in the activity (perhaps they were assessing boundaries)
- It is also important to honor the discomfort some participants might have with using some words, and to use your judgement in deciding whether a discussion about that word with the group.

### Materials Needed:

- Chalkboard or flipcharts with chalk or markers

# Activities

## Activity: Condom taste test

Have a multitude of different condoms cut up in little pieces for participants to lick and taste.

Discussion points:

- What condoms taste good when performing oral sex?
- What STIs are we at risk of when performing oral sex? When engaging in penetrative sex?
- *Reality* Condoms: What to do with them? How do we wear them? How many ways can they be used?
- What could make condom use easier?
- Why don't we use condoms all the time? What are the barriers to consistent condom use?

Objectives:

- ✓ Familiarize participants with the different varieties of condom flavors, shapes, and sizes
- ✓ Normalize condom use
- ✓ Inform students of the advantages and disadvantages of condom use, and the multiple ways condoms can be used
- ✓ Create a space of shared experiences
- ✓ Give opportunity to try new safer sex materials

Materials needed:

- A variety of condoms
- Scissors
- Plates for the pieces of condoms

## Activity: Condom race

Create at least two copies of the steps required to use a condom properly, and break the participants up into two (or more) groups. Ask students to put the 30 steps in order, and instruct them that they can only hand in their answer once the entire team agrees on the order. The most important of this activity is the conversations that participants are having in negotiating the order. Try and not intervene in the conversations; let the participants defend their logic and the group decide what they think is best. Once the first team is done, congratulate them and let the other teams finish. Once all teams have completed the race, review the steps in the order that the two teams put them in, you can ask students to actually follow the steps with you with condoms as you go along. It is a great idea to have each student have a non-lubricated condom (to avoid "lubed up" hands), to normalize condoms and how they feel. It can also be very empowering for students to build their confidence in proper condom usage, by encouraging them to use condoms more consistently with their partners.

Discussion points:

- Often students exclaim that there's too many 'communicate' steps. This is a great start off point to ask how we communicate with our sexual partners. Consider asking, "what are some of the ways that we say 'no'?"

What are some of the ways that we say 'yes'? Do we always feel safe to say 'yes' or 'no'? How can we create a safe space for our partners to be able to say 'yes' or 'no'?"

- Discuss, "Is it best to put on a condom on a penis before or after foreplay?" Some male partners need foreplay to have an erection, while others don't. Although there is certainly a risk of contracting STIs from pre-ejaculate, evidence tells us that there is usually too low of a sperm count in pre-ejaculate for a pregnancy. This discussion may come out when participants are reviewing the order in which they placed the steps to putting on the condom.
- Discuss how consent needs to be received and given for each sexual activity. Remember: there is no *implied* consent in sex – only a clear 'Yes' or 'No'.
- Students are usually very aware that using condoms is a great way to practice safer sex. Discuss with them the reasons why some people choose not to use condoms, despite this knowledge. You can then ask for some ideas on how to make condoms more accessible and easier to use.
- After going through the steps with the group, you can discuss some risk reduction tips, should they find themselves in a situation where there are no condoms.
- Discuss lube as a risk reduction tool. For example, more lube = less micro tears = less points of entry for STIs. Remember: the chemical nonoxonyl-9 found in spermicidal has been shown to cause micro tears in the vagina, so we encourage people to use spermicide with partners who have already been tested for all STIs.
- Discuss the fertility awareness method. If pregnancy has been identified as the main concern among participants, share information on assessing when ovulation happens, and when females are at higher risk of pregnancy.
- For oral sex, the risk of contracting an STI is higher for the partner performing than the one receiving. The partner who is performing can choose not to take ejaculate in his or her mouth (it doesn't matter if you spit or swallow, it's taking ejaculate in the mouth that makes the difference), and not brushing teeth or flossing 1 hour before giving oral sex also can reduce the risk of transmission.
- Partners can go and get tested regularly together; discuss what some of the benefits and barriers of getting tested together might be.
- Keeping our immune system healthy can reduce our chances of contracting STIs.
- Withdrawal Method: this method is entirely based on willpower and practice. The Society of Obstetricians and Gynaecologists of Canada's Contraception Guide states that "some studies have shown a failure rate of 4% during the first year of use among users who applied this method perfectly. Typical use had a failure rate of 27%." That translates into an efficacy rate of 73-96% - very similar to the effectiveness rates of the condom.
- Discuss condom maintenance (store condoms at room temperature, away from sharp objects, etc.).

Although it is important to let participants figure out the order they would do, here is a suggested order:

1. Consent, when the condom goes on, all the "communicates" can be in different order
2. Talk about safer sex and limits of comfort.
3. Discuss STI status.
4. Disclose gender (should you want to and feel safe).
5. Get/buy condoms.
6. Check expiry date on package.

7. Receive consent.
8. Give consent.
9. Foreplay (this might involve massaging or caressing, making out, role playing, 'dirty talk,' watching an erotic movie, etc).
10. Erection (if there is a male partner involved).
11. Push condom to the other side of the package.
12. Open package (not with your teeth).
13. Communicate.
14. If necessary, push back the foreskin.
15. Put condom on the toy or penis.
16. Add lube (or saliva) LUBE IS YOUR FRIEND.
17. Pinch the tip of the condom.
18. Unroll condom.
19. Communicate.
20. Fabulous sex (whatever that means for you...)
21. Climax (this could mean ejaculation).
22. If penetrative sex, withdraw erect penis or toy.
23. Hold the base of the penis or toy while pulling out.
24. Take condom off.
25. Check for breakage (if there was ejaculation).
26. Tie the used condom in a knot (if fluids were involved).
27. Throw used condom away (not in toilet).
28. Communicate.
29. Replenish condom supply.
30. Repeat!

## Activity: Sex Negative Tree

Divide into small groups. Hand out cards and markers. Ask each group to define all three different levels of sex-negativity. Record each point on a different card and tape at the appropriate level of the diagram, to make a 'sex negative tree', giving examples of stigma (main trunk), effects (branches) and causes (roots). For example, a group might put lack of comprehensive sexual health education as a root (in the roots), the misinformed fear that talking about sex will make young people have more sex (stigma) and higher rates of unintended pregnancies and STI rates in the branches (effects).

Have each group come up and explain their groups cards.

After all the groups have placed their cards, you can take some of the cards that were in the branches (effects) and put them in the roots, asking the group to tell us the stigma that may follow from those particular effects, and the impact they might have.

Discussion points:

- What are the effects of sex negativity on family? The community? The country?
- What does sex-negativity look like?
- Where does it come from?
- Why be sex-positive?
- What does sex-positivity look like?

Things to remember when facilitating:

- Identify a list of key causes of stigma: morality, low knowledge, fear of disease, poor health care, poverty, fatalism, media, gender, government policy, etc.
- Set up a topic group for each cause. Ask groups to do a detailed analysis

Materials needed:

- A big tree (can be painted or made with markers on flipchart paper)
- Tape
- Color coded cards (same colour for each group)
- Markers

## Activity: Disclosure Theatre

Participants are asked to form groups of 2-3 and given a brief scenario. They are then asked to act out the absolute worst case scenario of how they might handle this particular situation and then act out the best case scenario.

Ask each group to come up and present, first their worst case scenarios and then their best case scenario. When they are done presenting, debrief with the audience, asking questions such as “is there anything else that could have happened for this to be a worst case scenario?” or “what else could have happened for this situation to go better?”

Point out the healthy and unhealthy coping mechanisms that were acted out and do some myth busting where necessary.

Objectives:

- ✓ To develop strong communication and negotiation skills
- ✓ To honor participant's needs within a relationship

Things to remember when facilitating:

- There is likely to be lots of laughter so it is a good idea to have the first few scenarios be a bit more lighthearted. You may have to remind participants that issues such as unhealthy relationships or violence are no laughing matter and should be treated with appropriate respect (it is a good idea to mention this before folks present their scenarios in order to prevent joking around when it is not appropriate).

Suggested scenarios:

- Your friend tells you to “shut up” during an argument.
- You want to tell your best friend that you are gay.
- You are starting to worry that a friend likes you in a romantic way but you do not feel the same way.
- You are extremely horny and you really want to have sex but your partner isn't in the mood.
- You need to tell your boyfriend / girlfriend that you have chlamydia.
- You don't really like to use condoms but your partner says that they won't have sex with you unless you use them.
- You have decided to break up with your boyfriend/girlfriend.

## Activity: Sex Positive Critique

Discussion:

- How is sex negativity manifested in our community?
- How is sex positivity manifested?
- What is the difference between sexual adds and sex-positive adds?
- Is it possible for the add industry to be sex-positive?

Explore with the group (either through discussion or brainstorm) the many ways that sex negativity and sex positivity are manifested. Sex negativity has many impacts which may include: re-inforcing gender roles; creating fear of sexual diversity and sexual expressions; pushing the myth of the 'normal'; diminishing safety; reducing effectiveness of societal messages; creating shame and silence (ex: heterosexist language); overgeneralizing (all or nothing), usually from a personal place of limited information and personal experiences; offering selective information; presenting some sex as kinky, dirty, weird, or using words like sad, sick, wrong; 'otherizes' sexual minorities, which creates a 'slippery' model of sex; and pushing towards an external model of sexuality rather than looking for well-being.

Separate participants in small groups, giving them each a copy of a magazine add. Ask them to first dissect the add, noticing the many sex-negative messages that are being conveyed. Then ask them to convert the same add into a sex positive one.

Materials needed:

- Media adds that show some element of sex-negativity

## Activity: Material critique

Separate the participants in groups of 2-3, each giving them a copy of the SOGC's tissue package on contraception. Ask the group to notice the many sex-negative messages on these tissue paper packages.

Then have each group present the things they noticed about the packages.

Discussion:

- Explore with the group (either through discussion or brainstorm) the many ways that sex negativity and sex positivity are manifested. Explore with the group (either through discussion or brainstorm) the many ways that sex negativity and sex positivity are manifested. Sex negativity has many impacts which may include: re-inforcing gender roles; creating fear of sexual diversity and sexual expressions; pushing the myth of the



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- What can we do as sexual health educators when recognized sources of information are also distributing materials that have fear-based, sex-negative, shaming messaging.

Materials needed:

- SOGC's tissue paper packages

## Activity: Normal sex/ Hot sex

Have two sheets of paper: on one, write “Normal sex”, and write “Hot sex” on the other. Divide the group in two and ask participants to write out everything we mean when we say “normal sex”. Ask the other group to write out what some (but not us!) might consider as “abnormal” sex. You may prompt the group by asking where, with who, what do the people look like, how old are they, are they getting paid... After a few minutes, switch the papers and have the group compliment what was already written by the other group.

After a few minutes, ask the groups to present their findings to the big group.

Some examples might be...

<p>“Normal” sex:</p> <p><i>(heterosexual, marital, monogamous, reproductive, non-commercial)</i></p>	<p>“Abnormal”/ Hot sex</p> <p><i>(homosexual, unmarried, promiscuous, non-procreative, or commercial)</i></p>
Sex with one’s spouse	Sex with a sex worker
Sex for procreation	Sex for pleasure
Sex after you get married	Sex before marriage
Sex in a bed	Sex in the bush
Sex at night	Sex at any time of the day
Shaved woman; “muscular” man	Sex with someone much younger or older
Sex with the opposite gender	Sex with the same gender
Sex with the same generation (not older or younger)	Sex Toys, fetish objects, porn, unusual roles

Discussion:

- Why do we insist on feeling “normal” when it comes to our sexuality?
- Is “normal” a myth?
- What are the impacts of “normal” in sexuality?
- Where do we get these messages?
- What are the impacts on shame on healthy sexuality?
- How do we perpetuate shaming in our daily interactions?

Materials needed:

- Flipchart & markers

## Activity: Sexy/Unsexy

Hand out sticky notes (post-its) to everyone, asking them to write down things that society deems as sexy/turn-ons ,and things that society deems unsexy/a turn-off. As this is happening, ask for two volunteers to wear the following.

Things to remember when facilitating:

- Be mindful of the two volunteers you pick. Inform them of the activity, ensuring that they feel comfortable having all these turn-ons or turn-offs stuck all over their bodies.

Discussion:

- Where and how do we get these messages?
- How does a person's sense of desire impact their sexuality?
- Where do our turn-ons and turn-offs come from? Are they fluid (changing) throughout our lives?

Materials needed:

- Sticky notes (preferably of two different colours)
- A “SEXY” hat
- An “UNSEXY” hat

## Activity: Fruit bowl of pleasure

Each participant is given pieces of paper with a variety of fruits, and on each fruit they are asked to write down an ingredient of a pleasurable sexual experience. After around 5 minutes, ask that everyone go up and stick them above the paper bowl. After everyone has put theirs up and had a chance to observe all the different answers, pull from some of the answers and generate a conversation. You may choose to have a general conversation with the entire group or you may choose to ask everyone to name one of their ingredients (maybe one that is essential for them), and how they ensure that that ingredient is present. Some ideas that might come out are: consent, nice smell, on a bed, love, feeling sexy, feeling safe, contraception, knowing your partner, being tested recently...

Objectives:

- A safe space for a holistic discussion on sexuality
- A reflection on each of our needs; their differences and similarities

- A reflection on our rights and responsibilities when engaging in sexual activities

Discussions:

- Do we have to be in love for sex to be pleasurable?
- Are the ingredients different depending on the sexual activity?
- What makes us feel sexy? What do we do to feel sexy?
- How do we get consent from our partners? How do we give consent to our partners?
- What role does alcohol or drugs play in our sexual lives?
- What makes us feel safer in a relationship?
- What responsibilities do we take in ensuring the presence of these ingredients?
- Are there ingredients that are a must?
- Are there some ingredients that aren't a must?

Extra Activity:

Each participant is given pieces of paper with a variety of vegetables and on each vegetable they are asked to write down an ingredient that would stop them, or infringe on them having a pleasurable sexual experience. ('What could ruin your delicious fruit salad?').

After everyone has put theirs up in the fruit bowl and had a chance to observe all the different answers, pull from some of the answers and generate a conversation. You may choose to have a general conversation with the entire group, to ask everyone to name one of their vegetables, or highlight a vegetable that seems to have come up for many people.

Questions to stimulate conversation:

- What might diminish your pleasure during sexual activity?
- What vegetable would make you feel unsafe in a sexual situation?
- Are there certain vegetables that are currently present in your sexual relationships?
- What responsibilities do we take in ensuring that these vegetables are not present? How do we ask for them not to be present?
- What responsibilities do our partners have in ensuring these vegetables are not present?

Things to remember when facilitating:

- This activity might surface triggers for participants.

## Activity: My vulva is good for what?

Have participants draw a vulva, naming as many parts of the female sexual anatomy as they may know. This could be done on individual sheets of paper or a few big flipcharts in groups of 2-4. You may ask one group to draw an external and another to draw an internal anatomy, and they can choose whether to do a frontal view or profile/cross-section.

Objectives:

- Give information that is not often shared (go beyond reproductive capacities)

- Normalizing knowledge and exploration
- Demistifying the vulva
- Discuss our relationship with our sexual anatomy
- Discuss messaging received surrounding female self-pleasure

Discussion:

- Are we missing some parts?
- Why do we remember certain parts and not others?
- What is the function of each part? How do these parts work?
- Where did we get information on female sexual anatomy?
- What parts give you pleasure?
- How does pleasure happen? Is it the same for everyone?

Things to remember as a facilitator:

- Be inclusive of participants who might identify as women and may not have female sexual anatomy, participants who are without a clitoris, who don't care for pleasure through genital stimulation, or who have experienced sexual traumas.
- Participants often identify the clitoris as a single dot, when it has an entire hidden anatomy that serves as a beautiful center of pleasure.
- Strive to not be reproductive centric, explain the female sexual response in detail.

Extra Activity: Information-sharing on G-Spot and clitoris.

This can be done with trivia or fun true or false questions. For example: “True or false: The clitoris is made of the same erectile tissue that is found at the head of the penis”. (True!) “Question: The G in G-spot stands for a) Giraffe, b) Gangsta, c) Grafenburg, d) Groovy spot.” (C).

Materials needed:

- Flipcharts & markers
- *Femalia: Cunt Coloring Book*

Extra Activity:

Use the *Femalia: Cunt Coloring Book*. Photocopy pages and have participants color in different drawings of vulva shapes.

## Activity: DIY sex toys

With a variety of materials, have participants make their own sex toys. Edible floggers can be made with licorice; chopsticks and feathers can make ticklers; smaller rope and elastic can make cock rings; chopsticks and elastics can make nipple clamps; scarves as blindfolds; cucumber and zucchini when covered with a condom can be used as penetrative toys (remembering that anal penetrative toys should always have a base).

Objectives:

- Provide a fun way to look at your household items in a new light

- Promote the message that commercial sex toys can be inaccessible for young people (expensive and illegal).

Discussion:

- Discuss safety when using sex toys

## Activity: High and horny

It's a race! You may have as many teams as possible (provided you have enough supplies for all). The goal is for a team to put on as many condoms on the dildo or woody while wearing drunk goggles (impaired vision) and dishwashing gloves (diminished dexterity) and being spun around a few times (loss of balance).

Discussion:

- Why/when are drugs and alcohol and sex intertwined?
- Why do we sometimes want them?
- Pros and cons of using drugs or alcohol when sexual active
- Risk reduction tips and strategies

Materials needed:

- Alcohol goggles (you can make your own by heavily scratching and then coating the lens with a clear product or purchase a pair from your local MADD chapter)
- A pair of dishwashing gloves
- Condoms
- Woody or dildo (with base)

Things to remember when facilitating:

- Acknowledge that everyone experiences drugs and alcohol in different ways.
- Risk reduction tips are important to share with participants: share as many as possible. Honor young people's sense of personal agency and give them as many options as possible, trusting that they can make choices that are best for them.
- Share resources for folks who might need additional supports with alcohol or drug use.

## Activity: Sex talk – Erotic Writing

Have participants create an erotic/sensual poem. Tell the participants that this poetry can be kept private, but that we will share some of our work afterwards, should they feel comfortable doing so. You might choose to inspire them by reading other erotic or sensual poems. Some participants will quickly feel inspired and will not need further direction, while others might appreciate further guidance. For those individuals, you may suggest that they write about specific topics ( a lovers smell, longing for love, a preferred body part, a pleasurable experience... ). When participants are done, ask if anyone is comfortable sharing what they've just created and have a wonderful poetry reading. If not, you may choose to read a few other poems for examples.

Materials needed:

- Erotic and or sensual poetry (try [www.poets.org](http://www.poets.org))

- Candles or music for setting the mood when poets are creating
- Writing materials (paper, pens, computer, etc).

## Activity: Period; the movie

This is a documentary movie that is available through Cinemaguild. It is a great movie that can be shown in it's entirety or choosing selected scenes. [periodthemovie.com](http://periodthemovie.com) offers further resources and a wide variety of information that could be useful in guiding discussions.

Discussion:

- How do we perceive menstruation?
- What impact do comments like “time of the month”; “she must be on her period”; and “I’m on the rag” have on our relationship with menstruation?
- What messaging do we receive about menstruation and from whom?

Objectives:

- Reframe menstruation from an empowered and woman-positive perspective.
- Share experiences and relationships with menstruation
- Discuss the medicalisation of women's health
- Discuss the menstrual cycle from a biological point of view, pointing out times of highest fertility and hormonal fluctuations.

Extra Activity:

Conduct a demonstration of a wide range of menstrual products including the Diva cup/keeper, sea sponges, disposable and re-usable pads, disposable tampons.

## Activity: Sexual privileges

This is an activity that has been adapted from Peggy Macintosh's, “Backpack of White Privilege”. This activity is formulated in a way that honors the intersectionality of culture, race, class, sexuality, gender expression, and ability, and their impact on an individual's access to sexual well-being. Participants are randomly given one of the privilege cards and they are asked to read them out loud and speak to how not having this privilege might impact a person's sexual health.

Some of the privileges we use are:

- I can arrange to be in the company of people from my own cultural background most of the time.
- If I move out of my current residence, I am fairly sure that I will be able to rent or purchase housing that I can afford & to live in a neighbourhood that I want to live in.
- I can go shopping, take public transit, or carry out errands at any time of the day or night without fear of being followed or harassed.
- I can open up a newspaper or magazine or turn on a television and see people of my cultural or ethnic background widely.

- I can hold my partner, boyfriend, girlfriend, or spouse's hand in public without being harassed or looked at 'funny'.
- I can speak to a group of powerful male figures without being seen as a representative of my whole race.
- I can accept a job or contract without having people suspect that I got that job because of an employment equity program.
- I can carry out my daily routine without worrying whether the places I go will have wheelchair ramps or elevators.
- I can talk about my job or work openly without fear of being judged or negatively labelled.
- I can walk into a store, bank, restaurant or other establishments and communicate with people in my language of choice.
- I can work in a job without being underestimated because of my age or perceived age.
- People don't often ask me, "Where are you from?" or "What country are you from?"
- I can comfortably use public washrooms that correspond with my gender.
- People do not regularly talk excessively slowly or loudly to me.
- I can be sure that my children will be exposed to a curriculum that testifies to the existence of their history, culture, language, etc.
- I can go out in public without people looking at me like I am scary or out of place and/or avoiding me (i.e. crossing to the other side of the street when they see me).
- I am not asked to think about why I am straight nor do I have to defend my heterosexuality.
- My masculinity/femininity is not challenged because of my sexual orientation.
- I can choose to not think politically about my sexual orientation .
- My individual behaviour does not reflect on people who identify as heterosexual nor am I asked to speak on behalf of everyone who is heterosexual.
- When I talk about my heterosexuality (such as in a joke or talking about my relationships) I will not be accused of pushing my sexual orientation onto others.
- I do not have to fear that if my family, friends or workplace finds out about my sexual identity that there will be economic, emotional, physical, or psychological consequences.
- I am not accused of being abused, warped or psychologically confused because of my sexual practices.
- I can go home from most meetings, classes, and conversations without feeling excluded, fearful, attacked, isolated, outnumbered, unheard, held at a distance, stereotyped or feared because of my sexual practices.
- My size and body shape is sold as sexy and attractive in the media.
- I live in harmony with societal expectations of sexuality.

## Activity: Exposing Gender's box

On flipchart paper, write out "Act like a man" and outline it with an empty box. On another flipchart paper, write out "Be ladylike" and outline it with an empty box. In small groups, ask participants to record within these boxes "What does it mean to act like a man? What do we mean when we say "man-up" and what does it mean to "be

ladylike”? What words or expectations come to mind? After the group has discussed, switch the papers so that groups can compliment an other groups answers (those who were answering for “act like a man” can now jot down answers for “be ladylike”). Switch the papers back, and then ask participants to write the words that are used when people do not fit in the box, what are people called? Ask participants to record this on the outside of the box. Switch papers again.

Ask for hands up for how many people have ever been called one of the names that is on the outside of the box. Ask for a hands up for how many people have ever called someone else one of the names used in the outside box. (this is a powerful moment when folks recognize that they have a responsibility in dismantling imposed gender roles)

Discussion:

- How do we learn gender roles? is it safe to unlearn?
- Who benefits from rigid gender roles? who suffers?
- How are the outside words a reflection of homophobia, patriarchy, sexism and transphobia?
- When we look at what is expected of women, do these expectations give them power?
- When we look at what is expected of men, do these expectations give them power?
- What if you didn't identify as either gender?

Things to remember when facilitating:

- This is not to say that it's wrong for guys to like sports or fix cars or for girls to enjoy cooking. The problem is that we are told that we must perform these roles in order to fit in.
- This discussion can be a great lead-into discussion on sexual violence.

Materials needed:

- Flipchart paper & markers

## Activity: Breaking the Sex Ice

Objectives:

- Talk more openly about sex and their feelings about sex
- Recognize that the view that ‘sex = sin’ is one of the roots of stigma

*Cardstorm: Breaking the Sex ice 1 – Our images of sex*

Put up the word ‘sex’ on a card at the centre of the wall. Hand out cards and markers to participants and ask them to write the first few things they think of when they hear the word ‘sex’ and tape on the wall around the central card.

Debrief:

- Ask: ‘What does this tell us about how people think about sex?’

*Gender Group Discussion: Breaking the Sex Ice 2 – Why do people have sex?*

Divide into same gender groups. Ask groups to do a quick brainstorm on two questions and record on flipchart

- Why do women have sex?



- Why do men have sex?
- Put up the flipcharts (the women's lists and the men's lists alongside each other) and compare the views of women and men

#### Discuss

- Some of the reasons will be similar; some may be very different. What does this tell us about attitudes to sex?
- How are men and women different?
- Do the answers show any links to sin?

## Activity: 'High, Low, Negligible, No'

*This activity can only be done after doing an HIV 101 presentation/workshop with participants.*

#### Objective:

- ✓ To engage in a discussion with youth around risk levels for sexual activity and HIV transmission/contraction
- ✓ To encourage youth to seek out comprehensive information about their sexual activities
- ✓ Awareness of risk reduction philosophy that can be applied to all their other sexual activities and life in general (ex. Wear a bike helmet!)

#### Activity:

- Print out four signs on large pieces of paper, each one saying one of these words: 'High, Low, Negligible, No'
- Post these signs on different corners of the room
- Explain to participants that this activity involves figuring out risk levels for contracting or transmitting HIV when they're having sex
- Explain to your audience what a 'risk level' is, how they are determined and who determines them
- Introduce the game
- You will be calling out a sexual activity
- They are to move under the sign that they determine would be the risk level for that activity
- Once everyone has moved, you will ask each group if they would like to share why they placed themselves under that risk level for that sexual activity
- You will then give the answer from the Canadian AIDS Society guidelines and the group will have a chance to discuss it (Is this a surprise to them? Why do you think this risk level was given? Are there any questions? What made you move to that risk level? (ie what have you heard? What's the impact of you knowing this risk level?)

#### To keep in mind when facilitating:

- Involving all different types of sexual acts, which have all different types of risk levels (including a good grouping of No Risk activities! Put together your own list!) encourages the group not to turn this into a fear inducing activity

- Being clear about what the risk levels mean, how they're deduced, and why they might be attached to a certain sexual activity, in order for participants not to walk away with this message 'I am at the same (high) risk for HIV with all of these activities'
- Setting group safe space guidelines and addressing them are important in order to
  - Support sex-positive discussions: encouraging participants to check in with their initial physical, emotional, intellectual and verbal reactions to different sexual activities that are being called out (ex. Comments like 'that's gross' or 'who does that?' will be addressed and participants will be challenged to be sex positive and to ensure safer space for their peers who do enjoy those activities etc...)
  - Setting the tone for PHA- positivity (People living with HIV/AIDS) – challenging participants to check their assumptions about each other, and to ensure safer space for all their peers taking part in the activity

#### Extra Activities:

Group Brainstorm: 'If You Were Going To Have Sex, How Could You Reduce Your Risk of Possibly Contracting or Transmitting HIV?'

#### Possible answers:

- Condoms (reality, male)
- Gloves (finger cots)
- Dental Dams
- Communication – let your partner know what you will and won't do: making decisions you are most comfortable with, at that time, for that moment
- Get tested and ask if your partner(s) have been tested (Recognizing that if you ask 'do you have an STI' – 1/3 of people who do, do not know that they do. Asking when the last time they got tested was, and what the results were, will give you a better idea of how much they know about their STI status)
- Lube – use only water based lube with latex condoms (reduces friction, reducing small tears and cuts in the mucosal membranes)
- Avoid taking cum or pre-cum in your mouth, anus, or vagina
- Have a stash of supplies ready, or know where to get them
- PRACTICE before you're in the moment!
- Be aware that being high or drunk can make it harder to make clear decisions, to put things on (or take things off!) – think about it before hand and think about what some of your boundaries are and PRACTICE!
- Take care of your body – treat yourself well, get sleep, eat etc...
- Trim your nails to prevent scratches or tearing from finger fucking
- Don't floss or brush your teeth at least 30 minutes before giving a blow job
- Use sex toys (use a fresh condom if sharing)
- Avoid douching before anal or vaginal sex – washes away the natural, protective lining, making small tears and wounds more likely when you're been penetrated

#### Keep in mind when facilitating:

- Some of these activities will reduce your risk within a certain risk level category – but not change the actual risk level of the activity

- Activities will reduce your risk, but not eliminate it

Group Brainstorm: 'Name a sexual activity that does not put you at risk for HIV'

Possible answers: Hugging, dry kissing, massage, dry fucking, jerking yourself off, mutual masturbation, watching erotica, strip tease, toe sucking.... And so much more!!!

## Categories for Assessing HIV Risk

### Factors Used to Determine the Level of Risk

#### 1. Potential for Transmission

- In assessing potential for transmission, we consider whether or not the 5 conditions for transmission explained are met.
- There must be a source of infection
- There must be a means of transmission (activity)
- There must be a host susceptible to infection (human cells)
- There must be an appropriate route of entry to the target cells of the body (entry)
- There must be a sufficient level of virus delivered to establish infection (specific type of fluid, and viral load)

#### 2. Evidence of Transmission: A review of research to examine the documented evidence of HIV transmission through specific practices.

**No Risk:** To our knowledge, none of the practices in this category have ever demonstrated to lead to HIV infection. There is no potential for transmission since all of the basic conditions for viral transmission are not present.

Potential for transmission = none

Evidence of transmission = none

**Negligible Risk:** All of the practices assigned to this risk level present a potential for HIV transmission because they involved an exchange of body fluids, such as semen (including precum), vaginal fluid, blood or breast milk. However, the amounts, conditions and media of exchange are such that the efficiency of HIV transmission appears to be greatly diminished. There are no confirmed reports of infection from these activities.

Potential for transmission = Yes

Evidence of transmission = No

**Low risk:** All of the practices assigned this risk level present a potential for HIV transmission because they involve an exchange of body fluids such as semen (including precum), vaginal fluid, blood or breast milk. There are also a few reports of infection attributed to these activities (usually through individual case studies or anecdotal reports, and usually under certain identifiable conditions).

Potential for transmission = Yes

Evidence for transmission = Yes (under certain conditions)

**High Risk:** All of the practices assigned this risk level present a potential for HIV transmission because they involve an exchange of body fluids, such as semen (including precum), vaginal fluid, blood or breast milk. In addition, a significant number of scientific studies have repeatedly associated the activities with HIV infection. Even when the exact mechanism of transmission is not completely clear, the results of such studies conclude that activities in this category are high risk

Potential for transmission = Yes

Evidence of transmission = Yes

## Examples of Activities from the Guide

### **No Risk:**

- Wet or dry kissing with no exchange of blood
- Receiving sex toy, unshared
- Sadomasochistic activities, with universal precautions
- Scat play, on unbroken skin
- Receiving urine, on the body
- Injection using new and/or shared needle, syringe, and mixing equipment
- Snorting or smoking drugs using new and/or unshared straws or pipes
- Manicures or pedicures with uncleaned or sterilized equipment

### **Negligible Risk:**

- Fellatio (performing) with condom
- Fellatio (receiving) with condom
- Fellatio (receiving) without condom
- Cunnilingus (performing) with barrier
- Cunnilingus (receiving) with barrier
- Cunnilingus (receiving) without barrier
- Rimming (performing and receiving) with or without barrier
- Vaginal or Anal fingering (performing or receiving) with or without a latex glove
- Vaginal or Anal fisting, with or without a latex glove
- Receiving a sex toy, shared, with condom
- Receiving a sex toy, disinfected
- Giving a sex toy, (shared or unshared), with or without a condom (or disinfected)
- Sadomasochistic activities (without universal precautions)
- Scat plan with mucosa or with open cuts, sores, lesions etc...
- Receiving Urine, into the body
- Vulva to vulva rubbing, during your period or not
- Snorting or smoking drugs using shared straws or pipes
- Tattooing, piercing, electrolysis and acupuncture using shared, uncleaned equipment
- Fighting
- Sharing toothbrushes, razors etc...

**Low Risk:**

- Wet kissing with exchange of blood
- Fellatio (performing), without condom, and taking semen in the mouth
- Cunnilingus (performing) without barrier and during period
- Cunnilingus (performing) with barrier and not during period
- Insertive or Receptive penile-vaginal intercourse, with a condom
- Insertive or receptive penile-anal intercourse, with a condom
- Injection using shared and cleaned needles, syringes and/or mixing equipment
- Tattooing using non-professional equipment
- Occupational Exposure (only 3 cases as of 2002)

**High Risk:**

- Insertive penile-vaginal intercourse, without a condom
- Receptive penile-vaginal intercourse, without a condom
- Insertive or receptive penile-anal intercourse, without a condom
- Receiving a sex toy, shared, with no condom
- Injections using shared or uncleaned needles, syringes or mixing equipment

# Notes on Sex Positivity

*The following are currently considered Sexual Offences under the Criminal Code of Canada*

- Anal intercourse (Section 159)
- Householder permitting sexual activity (Section 171)
- Corrupting children (Section 172)
- Indecent acts (Section 173)
- Nudity (Section 174)

The most influential attitudes are sex negative:

1. Most Religious traditions hold sex as inherently wrong
2. This culture treats sex with suspicion
3. Virtually all erotic behaviour is bad unless there is a specific reason to exempt it such as marriage, reproduction, and love

*Modern Western societies appraise sex acts according to a hierarchical system of sexual values. This hierarchical system is:*

- An assault on feminism.
- An assault on the GLBTTQ community
- An assault on non-traditional families
- An assault on teenage sexual privacy

Those with high social status have respectability, are legal, have mobility, support, and benefits.

The (DSM) of (APA) is a fairly reliable map of the current moral hierarchy of sexual activity:

- In the new edition homosexuality has finally been removed as a disorder
- Fetishism, sadism, masochism, transsexuality, transvestism, exhibitionism, and voyeurism are still considered disorders
- Adults who deviate too much from conventional standards of sexual conduct are often denied contact with the young, even their own

*Sex is the vector of oppression:*

- Sex must be understood in terms of race, class, ethnicity, or gender
- Wealth, white skin, male gender, and ethnicity provide some privileges
- Even the most privileged are not immune to sexual oppression
- Sex law and the mental-health profession are big contributors to moral division and erotic persecution
- The government continuously involves itself in the area of sexual behavior yet it would not be tolerated in other areas of social life

*Sexual “morality” has a lot in common with ideologies of racism:*

Racism	Sex Negativism
<p>grants virtue to dominant groups</p> <p>People of Color are usually shown as having less sophistication and propriety necessary for success.</p> <p>few people in power are People of Color</p> <p>People of Color are portrayed as hostile to others</p> <p>People of Color are more likely to be shown as being irresponsible than Caucasians.</p>	<p>grants virtue to dominant groups</p> <p>Non-heterosexuals are usually shown as having less sophistication and propriety necessary for success.</p> <p>few people in power identify as something other than heterosexual</p> <p>Non-heterosexuals are portrayed perverts that prey on others</p> <p>Non-heterosexuals are more likely to be shown as being irresponsible than heterosexuals.</p>

## Steps towards creating a sex positive environment

- Get to know yourself
- Talk about sex with your friends, co-workers, service users and even your boss
- Recognize, embrace and celebrate that sexual diversity is part of being human
- Learn about new sexual activities
- Specific activities and programming
- Access to sex supplies
- Sexualized imagery and language
- Using plain and slang language
- Creating semi-private spaces for internet use
- Given a choice, folks won't access health info from judgmental sources
- There is a difference between tolerance and celebration
- If sexual diversity is a wonderful thing, our prevention approaches must be equally diverse
- Meet the individual where they're at: Match your language (verbal and body), level of simplicity / complexity, and your approach to theirs.

Also check out: "Forty-two things *you* can do to make the future safer for sex" In: Pat Califia. *Public Sex: The Culture of Radical Sex* (2nd ed.). San Francisco: Cleis Press. 2000: pp.154-157.

Something to think about:

"I found myself caught repeatedly between two worlds: the world of survivors, hurt and at times paranoid about sex, and the world of sex-positive educators, many of whom did not want to hear about the negative uses of sex or the effects of sexual abuse... Among sex educators, there was little talk of sexual violence or the sexual contradictions experienced by [those] who had been sexually violated... I found myself educating the educators about the effects of childhood sexual abuse on adult sexuality."

Staci Haines. *The Survivor's Guide to Sex*. San Francisco: Cleis Press. 1999: p. xviii.

An electronic copy of this file is available at

[http://wiki.straightjacketstudio.com/Ask Me about Sex: Sex Education Resources](http://wiki.straightjacketstudio.com/Ask_Me_about_Sex:_Sex_Education_Resources)

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